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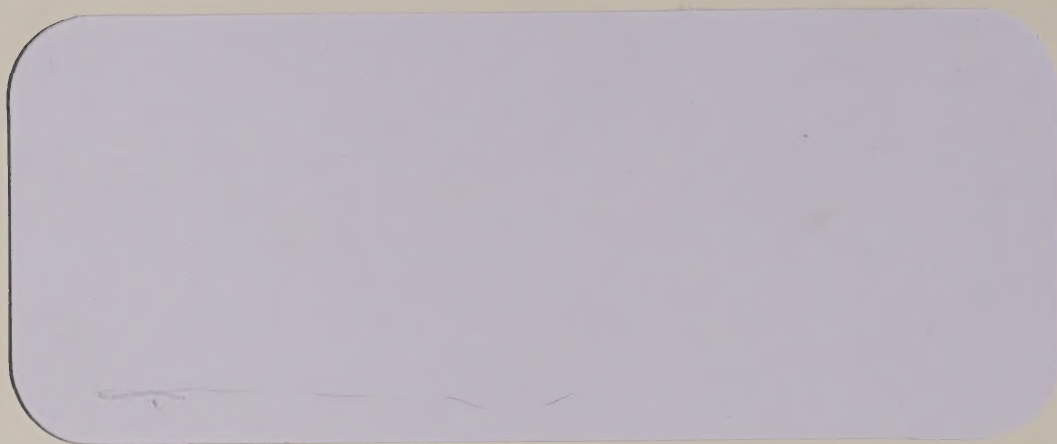
The Story of Private Hospitals in Rhode Island

November 1979

Health Planning and Resources Development



RHODE ISLAND DEPARTMENT OF HEALTH



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PREFACE

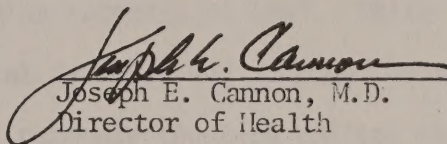
"WHAT'S PAST IS PROLOGUE"

Rhode Island's health care scene is dynamic. Modes of treatment, facilities, manpower, and configurations of delivery respond to new technologies, reimbursement patterns, social policies, planning, and regulation. The tempo of change appears to be accelerating, as its driving force--the cost of health care--escalates.

We have experienced many evolutions in our health care system. The "family doctor," that venerable provider of health services, is going the way of the neighborhood grocer, the corner druggist, and the small farmer. The same economic and social pressures that created the supermarket, the pharmacy chain, and "big business" farmers are similarly affecting medical care. We have seen the physician leave the neighborhood and establish his office with other physicians closer to the hospital. We mourn the passing of the physician's house call as a common practice. We have witnessed the establishment of medical office buildings, housing physicians and other health professionals as well as clinical laboratories and pharmacies. We have experienced the development of neighborhood health centers, free-standing emergency rooms, surgicenters, health maintenance organizations, and the hiring of hundreds of full-time physicians by hospitals. We feel the daily impact of quality control, prospective reimbursement, certificate-of-need, the medical school, and health planning on the health care system.

Lest we believe that change in the health care system has occurred only within our lifetimes, we should study this fascinating history of

"private" hospitals in Rhode Island prepared by Seebert J. Goldowsky, surgeon and medical historian. One has to be impressed with the entry and exit of hospitals from the Rhode Island scene and wonder about the future.


Joseph E. Cannon, M.D.
Director of Health

November 1979

THE STORY OF PRIVATE HOSPITALS IN RHODE ISLAND

Rhode Island is among a minority of states that have no private hospitals. This was not always so. The last such institution, in fact, disappeared from the scene as recently as 1967. While in a generic sense a "private" hospital is owned and operated by an individual or a private agency, more commonly the term applies to proprietary hospitals operated for profit as contrasted with public hospitals operated by government or voluntary hospitals operated under nonprofit charters. This is the story of the proprietary hospitals of Rhode Island.

The modern era of hospital care in Rhode Island began with the opening of Rhode Island Hospital in 1868, although there had been hospitals in Rhode Island for 150 years before that.¹⁻³ Newport had established a smallpox hospital on Coaster's Harbor Island in 1716 and Bristol a similar facility in 1732. A military hospital was established in Tiverton in 1777 during the Revolution to handle casualties of the Battle of Rhode Island. Between 1752 and 1776 the Town of Providence supported three smallpox hospitals--one in North Providence, a second in Tockwotton (Fox Point), and a third on the shore of the Providence River across Eddy Street from the present Rhode Island Hospital. The Eddy Street hospital was superseded in 1798 by the "New Hospital," also referred to as the Marine Hospital, built on the site now occupied by Rhode Island Hospital. In 1824 another smallpox hospital was established at Field's Point. The building survived until 1916, when Field's Point was cut away for the construction of the municipal wharf. It had been retained on a standby basis until the opening of the Providence City

Hospital in 1909.

In 1828 the Dexter Asylum was opened, the product of a bequest by Ebenezer Knight Dexter. Although intended primarily as a residence for paupers, it also functioned as a shelter for the insane and as a maternity home. No longer in existence, its site is now occupied by athletic facilities of Brown University.

Butler Hospital, the first major medical institution in Rhode Island, was opened in 1844 as a retreat for the insane. Its construction was made possible by bequests from Nicholas Brown and Cyrus Butler.

During the Civil War a large army general hospital of 2,400 beds was established in Portsmouth, Rhode Island. Though a vast facility, it was dismantled at the end of the war, leaving not a trace. During its brief career it admitted and discharged in excess of 10,500 patients.

As early as 1851, three years after the founding of the Providence Medical Association, a committee was formed by the Association headed by Doctor Usher Parsons "to take into consideration the propriety of establishing a hospital in this city and to take such measures for inquiry upon the subject as they may deem necessary and expedient thereto." The Industrial Revolution, the booming textile industry, machine manufacturing, the influx of immigrants, and the filthy tenements in which they lived made such an institution a crying need.

The committee sent a circular letter to every citizen of Providence paying more than \$100 a year in taxes. It stated: "The physicians of Providence have long felt the want of a hospital in this City for the reception of patients who require medical and surgical treatment, and who are not otherwise provided for." It described the poor of the city as "badly lodged, often in garrets or cellars, without light or ventilation, and open to the storms of winter...destitute of wholesome food and

fuel...a hospital for their reception suddenly overtaken with grave disease or severe injuries would not only supply what is needed, but would actually preserve many lives...Such persons may fall from buildings, be wounded by railroads, or in attempts to extinguish fires...in other cities (they) are conveyed to a good hospital to receive the best medical and surgical aid, but in Providence are carried to a crowded garret or cellar."

Many years passed before the hospital became a reality. It materialized through the generosity of Captain Thomas Poynton Ives, Robert Hale Ives, and the deceased Moses Brown Ives.

The hospital corporation was chartered in 1863, and the hospital, a model institution for its time, received its first patient in 1868. It provided many endowed free beds for charity cases. Others paid modestly according to their means. The charge for inpatient care in 1875 was \$9.70 per week. The outpatient department was for the "poor only," according to a sign over the door, and services were free.

During the ensuing years other voluntary hospitals were established: Newport Hospital in 1873, the Providence Lying-In Hospital in 1884, Woonsocket Hospital in 1888, St. Joseph's Hospital in 1892, the Homeopathic Hospital of Rhode Island in 1904, and Memorial Hospital of Pawtucket in 1910, all primarily for the poor.

It became increasingly apparent in the years following World War I that the poor were receiving the best medical attention, while the well-to-do, generally ineligible for admission to these hospitals, were cared for at home; entered "private" (proprietary) hospitals, which were generally less well equipped and staffed; or traveled to medical

centers outside the state. To meet this need, several wealthy benefactors provided funds for the construction of the Jane Frances Brown Building for Private Patients, opened in 1922 as part of the Rhode Island Hospital complex.

This event was a turning point in hospital care in Rhode Island. Private beds in the state's voluntary hospitals thereafter became increasingly available, and the need for "private" hospitals, which had proliferated to fill the vacuum, began to wane. Their heyday had been in the two decades before World War I, while in the next fifty years their numbers gradually declined. The advent of state licensing of hospitals in 1932 eventually sealed their fate, since modern standards required financial resources which none of them could muster.

The private hospitals were characteristically small with as few as seven beds and rarely more than forty. They were likely to be housed in obsolescent Victorian homes and were seldom lavish in appointments. Few, if any, had elevators. Patients were carried to and from the upper floors on litters or chairs. Fire retarding equipment such as sprinkler systems were generally nonexistent. The buildings were usually fire traps of wooden frame construction with inadequate stairways and exits. Hospital and emergency equipment was characteristically primitive. A very few in the latter years were built specifically as hospitals and were a cut above the average, but their careers were brief. Many others remain obscure, with little known about them other than a directory listing.

We shall attempt to identify as many of them as possible. For want of a better way to organize the scattered and sometimes scant material available, the facilities will be described in the chronological

order of their appearance to the extent that this can be determined. It is not possible to assure that we have discovered them all, as some small facilities may have been so transient that they escaped our search or were never listed. Some private sanitarium, as they were popularly designated at the time, will be mentioned for their interest. It is not always possible to define their role, but they were often little more than rest homes, sometimes retreats for alcoholics, and other times not much different from modern nursing homes.

1890 - 1899

The first private hospital in Rhode Island that we have been able to identify was the Whitmarsh Private Hospital, established in 1895 by Doctor Henry A. Whitmarsh, a homeopathic physician. The location of the hospital in 1895 was listed* as 9 Jackson Street in Providence, but thereafter as 62 Jackson Street, where Doctor Whitmarsh's office was located. With the redevelopment adjacent to the Cathedral of Saints Peter and Paul, Jackson Street as such disappeared, becoming Jackson Walkway. Sixty-two Jackson Walkway is now the site of the Young Women's Christian Association of Rhode Island. The patient capacity of the Whitmarsh Private Hospital was given variously as eight to twelve. It last appeared in the Providence Directory of 1903. In 1904 it was listed as the Hahnemannian Hospital, named after Samuel Hahnemann (1755-1843), a German physician, who was the founder of Homeopathy.

The forerunner of the Roger Williams General Hospital of Providence was the Homeopathic Hospital of Rhode Island, founded in 1904. As

*See Bibliography

early as 1886, however, a Rhode Island Homoeopathic Hospital had been established in Providence at 151 Olney in a neighborhood of elderly Victorian houses. It was listed as having a capacity of seventy beds, rather more than is likely. The physician-in-charge was Doctor George B. Peck and the matron, Miss J. B. Rose. By 1897 it had moved to nearby Morris Avenue, corner of Hazard Avenue. It was now listed as a "private" hospital, and the admitting physician was again Doctor George B. Peck. The capacity at the new location was given as 60, again a rather improbable figure. Doctor Peck later removed to Bristol, where he engaged in practice and in 1904 served as health officer.

From 1904 until 1925 the Homeopathic Hospital of Rhode Island was located at 62 Jackson Street, the site of the former Whitmarsh Private Hospital, after which it moved to new quarters at 825 Chalkstone Avenue, the present location of Roger Williams General Hospital, its successor. According to an article in the Providence Magazine written in 1916,⁴ the Homeopathic Hospital established as the Rhode Island Homoeopathic Hospital in 1878 (other sources give a more plausible 1886, as previously noted) had closed its doors in 1900, presumably as a result of financial problems. It was reborn in 1904 as the Homeopathic Hospital of Rhode Island, now clearly a voluntary hospital. Its capacity was given as 20 or 22 beds. Doctor Whitmarsh had conveniently filled the gap.

In 1896 the Emergency Hospital, later called the City Emergency Hospital, was established at 215 Weybosset Street in Providence, presumably to care for industrial injuries. It was listed as "private" and had a bed capacity of seven. The physician-in-charge initially was

Doctor A. H. Eccleston. It remained at the same location until 1906, when it moved to 369 Weybosset Street, where it survived for only a year. It can be surmised that competition may have been a factor in its closing, as a similar facility, to be described later, had been opened on nearby Chestnut Street in 1901.

The Roger Williams Eye, Ear and Throat Infirmary was also established in 1896 at 257 Broadway in Providence. Its capacity was given as twelve beds and its "superintendent" as Baylies R. Chace, a layman of various occupations, according to directory listings. He appears to have served in the role of superintendent only briefly. Doctor John A. O'Keefe had his office next door at 261 Broadway and may actually have been its proprietor. When Doctor O'Keefe moved his office in 1901, the Infirmary also moved. However, while O'Keefe relocated at 355 Broadway, the Infirmary appeared at 90½ Broad Street, perhaps a mile away. At about that time Doctor O. Fletcher Best, who styled himself "oculist and aurist," in other words eye, ear, nose and throat specialist, opened an office at 90 Broad Street. Doctor Best practiced and resided at that address for almost a quarter century. In 1925 he moved his office and home to a new location on upper Broad Street. The Infirmary, in the meantime, appears to have ceased operation some time between 1920 and 1923, after which it was no longer listed in any directory. It is reasonable to conclude that Doctor Best was proprietor of the Infirmary during its long period of operation on Broad Street. The house located at 257 Broadway still survives, but 90 and 90½ Broad Street have disappeared, the site now occupied by Dexter Manor apartments for the elderly.

Appearing for the first time in the 1901 Providence Directory was

the Channing Hospital of 73 Cameron Street. It was generally listed as having been established in 1898, although 1900 was given in one instance. It was described as "private" and its capacity given as twenty beds (26 in one listing). Doctor Waldo Stone was its "physician" in 1904, but thereafter Doctor George F. White was listed as "medical superintendent." In one entry the hospital was described as "private, but open to any practitioner in good standing." The "managers" were given in another listing as the "Channing Hospital Company." The hospital was not listed after 1912. In that year Doctor Stone was again its superintendent.

In 1916, however, the former Channing Hospital reappeared as the Capitol Hill Private Hospital. It advertised in the Providence Directory of that year as "Formerly the Channing--One of the best equipped Private Hospitals in Providence. Only Graduate and Trained Nurses Employed." It did not appear in any directory after 1917.

In the Providence Magazine of February 1916⁵ the Parade Street Hospital was described as probably the oldest private hospital in Providence. Except for the Roger Williams Eye, Ear and Throat Infirmary, this may well have been correct at the time, although it was not the first. It had its beginnings in 1898 or 1899 at 186 Broadway, in a building no longer standing. It was listed as "private sanitarium" and was operated by Nurse Margaret MacDonald with the assistance of Lillian E. Smith, also a nurse. In 1900 they were joined by Nurse Jean MacDonald. In 1903 the establishment was moved to 37 Parade Street. It was still designated as a private sanitarium and was still operated by the MacDonald girls. At about that time, however, Nurses Sophie A. Grant

and Jennie C. Ross became the new proprietors. It first appeared as the Parade Street Hospital in 1906.

It was located in a quadriplex apartment of brick construction, three stories high above a basement, the southernmost unit being 37 Parade Street. It was a rather handsome, ornate Victorian building, located, according to the Providence Magazine, in its "present beautiful location," opposite the Dexter Training Ground with its "vast expanse and fine elms," long since the victims of the Dutch elm disease. It admitted medical and surgical cases and in 1916 had been under the "present efficient management" of Misses Grant and Ross for some thirteen years. Capacity was given variously as 16 to 20 beds. The remaining three sections of the building, 31, 33, and 35 Parade Street, were rooming houses.

In 1913 the nursing staff at 37 Parade Street consisted of Margaret Grant, Matilda Fraser, and Elizabeth McLean, in addition to Sophie Grant and Jennie Ross. In that year this writer, then six years old, remembers having his tonsils removed in that establishment. He has memories of being brought there in a hired limousine and being put to bed by two flattering nurses after farewells to his parents. There are lingering recollections of the hospital ambience, the ether cone, the smell of ether, and the terrifying choking sensation of anaesthesia induction--and once again the welcome return home in the shiny limousine, albeit with a very sore throat.

The Parade Street Hospital was last listed in the Providence Directory in 1919, after which 37 Parade Street was recorded as "vacant."

In the meantime another hospital had been operating in the same

building at number 31 Parade Street, which was the most northerly of the entrances. The Private Maternity Hospital was established in 1914 with Sarah J. Lowden, R.N., as its superintendent. In 1918 Nurse Lowden had a staff of two other nurses, Sadie E. Moore and Greta Waldon. The hospital, with a rated capacity of 16 or 17 beds, appeared in the city directories as late as 1923. However, on November 12, 1921⁶ the Miriam Hospital Association placed a thousand dollar deposit on the building toward a purchase price of \$27,000. The structure was described at the time as embracing a private maternity hospital and three rooming houses. The tenants were to be allowed to remain until renovations were started.

The Miriam group applied the accrued rent toward the purchase price and the cost of renovation. While the plans for remodeling were in progress, the private maternity hospital closed. All of its equipment and furnishings were purchased by Mrs. Louis M. Grant, a benefactor of the new hospital, and were presented to the hospital as gifts. The new Miriam Hospital, in its extensively renovated quarters, was dedicated on November 15, 1925. The old building served The Miriam Hospital for twenty-seven years, until a new complex on Summit Avenue on the upper East Side of Providence was dedicated in December of 1952. Soon thereafter the old building, which at various times had housed the Parade Street Hospital, the Private Maternity Hospital, and The Miriam Hospital, was sold and was converted by its new owners to the Park View Nursing Home, under which name it is still in operation.

1900 - 1904

The turn of the century witnessed the burgeoning of a new crop of private hospitals.

In 1901 a small private hospital of 12 to 15 beds was established at 147 Chestnut Street in Providence. Over the years it bore several designations, variously listed as the Wage Earner's Emergency Hospital, the Chestnut Street Emergency Hospital, the Providence Emergency Hospital, and the Emergency Hospital. Doctor Alfred W. Pett, who many years ago was this writer's childhood family physician, was the "physician-in-charge." The facility cared for industrial injuries from the many jewelry and other factories in the neighborhood. It last appeared in Providence directories in 1921.

Appearing only in the directory of 1901 was the Beacon Hill Hospital, located on Morris Avenue, adjacent to Hazard Avenue in Providence, which earlier had been the site of the Rhode Island Homoeopathic Hospital. No other information is available.

The year 1902 saw the establishment of the East Side Hospital at 34 Benefit Street in Providence. It was described as a private hospital of 34 to 40 beds. Its superintendent and assistant superintendent were Mrs. Elizabeth P. Wilson and William M. Wilson.

In 1905 the East Side Maternity Hospital of ten beds was opened across Benefit Street at Number 33. Mrs. Wilson was superintendent there as well and remained in charge of both facilities for a number of years. In 1912 she was still in charge of the maternity hospital, but in that year Doctor Walter H. Potter was superintendent of the East Side Hospital.

The East Side Maternity Hospital last appeared in any directory in 1914. A year later the hospital at 34 Benefit Street was designated as the Hope Hospital. Available sources indicate, however, that Hope Hospital was in fact established in 1913 in the old East Side Hospital

building. By 1916 Hope Hospital had relocated in a handsome edifice at 1 Young Orchard Avenue in Providence on the corner of Hope Street. Described as a surgical hospital, its capacity was given variously as 24 to 40 beds. Its superintendents in order were Miss Mary L. Daly, C. Maude Culton, R.N., Miss B. S. Thomas, and Thomas E. Marsden. Beginning in 1929 its sponsorship was designated in the American Medical Directory as "association," the meaning of which is not clear, since it was most certainly a proprietary hospital. It did not appear in any directories after 1935.

The Providence Magazine of February 1916⁷ described the hospital in this way: "The Hope Private Hospital is fortunate in its location amid the fine estates of the older East Side. The building has had a varied experience after a complete metamorphosis from a colonial mansion into a French chateau. It remained unoccupied for several years. This last year a lease of it has been obtained for hospital purposes, and after considerable interior alterations, it has been opened up as a private hospital for the care of medical and surgical cases." Its capacity in this story was given as 30 beds.

Bryant College acquired the building for administrative headquarters when it moved to the East Side of Providence. When Bryant College again moved, this time to its new Smithfield campus, the property at 1 Young Orchard Avenue was purchased by Brown University. The building is now used by Brown as a part of its performing arts complex.

Also appearing in the 1902 directory was the Normandy Home and Hospital for Infants at 171 Indiana Avenue in the Washington Park section of Providence. In a subsequent listing it was also called Mrs. Clara A. Normandy's Hospital. It had a capacity of 20 beds. It was described

as "private," which it undoubtedly was, although various entries in the American Medical Directory contained the terms "public and private" and "general." While Mrs. Normandy was probably in charge throughout, management designations varied from time to time. In most instances she was listed as "superintendent," although in 1909 and 1910 Blanche Baker was superintendent and Mrs. Normandy, "matron." After 1910 Doctor Herbert G. Partridge, a prominent Providence obstetrician, appeared as "physician" or "attending physician." About 1917 Mrs. Normandy moved her hospital to 1374 Eddy Street a few blocks away. It was last heard from in 1918.

1905 - 1909

While most of the state's private hospital activity was centered in Providence, several facilities were located in neighboring communities. In 1905 Doctor Wilson Read Hall, a Warren, Rhode Island physician, opened a 7 to 10-bed hospital at 1 Wood Street in that town, where he also maintained his home and office. Known as Doctor Hall's Private Hospital, it appears to have been in operation until his death in 1924.

According to most sources, the Park Place Hospital was established in Pawtucket in 1905. However, in the 1901 Pawtucket City Directory, a Pawtucket Emergency Hospital was located at 374 Main Street at that time. In 1902 the address was given as Park Place. Whether this was in fact the same location cannot now be confirmed with certainty, although this is likely, since the plot at 374 Main Street extends through to Park Place. The original building or buildings no longer survive. In 1903 it was operating as the Pawtucket General and Emergency Hospital, while in 1904 and 1905 it was identified as the Pawtucket General Hospital. A 1904 listing described the Pawtucket General Hospital as having been

established in 1900 at 374 North Main Street with a capacity of 20 beds. It was classified as "public" and was serviced by a "city ambulance." The physician-in-charge was Doctor Francis M. Harrington and the matron a Miss P. Harris.

During 1905 it appears to have changed its name to the Twin City Hospital. Although undoubtedly a proprietary hospital, it was described at that time as "public" with a capacity of 30 and still providing "ambulance service." From 1908 until it closed it was under the direction of W. H. Heimer, M.D., described as superintendent and "medical superintendent." About 1912 the institution adopted the name Park Place Hospital, which was used thereafter until it closed. From 1912 to 1914 both latter names appeared. In 1913 it employed three nurses; Gertrude Nield, Ivy Proal, and Belle Summerfield. The American Medical Directory classified the hospital as "public; general," gave its capacity as 20 to 25 beds, and in 1921 mentioned an "outpatient department." The opening in 1910 of Memorial Hospital on Prospect Street in Pawtucket, a voluntary community general hospital, undoubtedly affected the nature and the future of the Park Place Hospital regarding its standing as a public general hospital attempting to provide outpatient and ambulance services. It was not listed after 1923.

The West Side Hospital existed in 1906 and 1907 at 1 Africa Street in the Atwells Avenue section of Providence. An advertisement in the 1907 city directory provided the following information: "Mrs. Francesca Barbarita, Midwife and Directress, graduated from University of New York (sic). Patients attended at residences with best possible care." Mrs. Barbarita was accessible by telephone. It is a reasonable assumption that she found her clients among the young Italian immigrant

housewives of Federal Hill. No other information about the West Side Hospital is available.

Jane L. Brown (sometimes identified as Jennie L. Brown) opened the Jane L. Brown Hospital in 1907 at 30 Benefit Street in Providence next door to the East Side Hospital. The hospital had a capacity of 10 beds. The American Medical Directory categorized it as "private; surgery." This writer remembers that around 1912 his mother had a mastectomy performed at the hospital by a prominent surgeon of Providence. Ms. Brown was variously identified as superintendent and matron. The hospital was listed for the last time in 1913, when it appears to have operated briefly at 67 Congdon Street near its previous location. This hospital should not be confused with the Jane Frances Brown pavilion in Rhode Island Hospital, which came later and helped sound the eventual death knell for such tiny enterprises.

St. Mary's Hospital, located at 39 Harvard Avenue off Broad Street in Providence in the vicinity of St. Joseph's Hospital, appeared only once, in the city directory of 1909. No other information is available.

1910 - 1914

In 1904 a committee under the chairmanship of Doctor J. Howard Morgan was organized in Westerly to formulate plans for the building of a hospital in that community.⁸ The project, however, was unsuccessful and was abandoned in 1910. To fill the void, Doctor John Champlin of Westerly in the latter year established and operated a small hospital in a house at 3½ Granite Street to the rear of his home and office at 3 Granite Street. He used the facility, which he called the Westerly Hospital, mainly for obstetrics. According to available information it was in operation only a year or two before being discontinued. That it may actually

have survived somewhat longer is indicated by the following otherwise unconfirmed information. A Westerly Hospital at 3½ Granite Street was listed in the American Medical Directories of 1916 and 1918. It was ostensibly "established in 1905," was a "general" hospital of seven beds, and was operated by Doctor Champlin as "physician in charge." It was at no time listed in any of the Westerly directories for the period, although Doctor Champlin had opened his office about 1904.

In 1916, upon the death of Mrs. Louise D. Hoxsey, a trust fund was established under the terms of her will to be called the Foundation Fund for a Hospital in Westerly. A state charter was granted in 1921, and the present Westerly Hospital, a community general hospital and not a direct descendant of Doctor Champlin's Westerly Hospital, was opened on Mills Street in Westerly.

Doctor Albert Mathieu of Woonsocket operated a hospital in 1910 and 1911 at 82 North Main Street in that city and in 1912 at 134 North Main. His home, office, and private hospital were in each case listed at the same address. By 1913 he had removed to Manville, Rhode Island. No other information is available.

The Park Hill Hospital was opened at 47 Park Street in Providence in 1911. About 1915 it was moved to 107 Park Street, not far from the Rhode Island State House. It was listed as a "private general" hospital of 10 beds. Mrs. Margaret H. Chamberlain was superintendent. After 1921 the capacity was given variously as 20 to 25 beds. The hospital ceased operations about 1926.

The Providence Surgical Hospital was opened in 1912 (or in June 1913, according to one source) at 16 Bridgham Street near Trinity Square in Providence. It was classified as "private" with a capacity of 30 beds.

Doctor Henry A. Lange was surgeon in charge. In the Providence Journal of March 31, 1914,⁹ it was reported that the directors of the hospital at a meeting the previous evening had voted to add ten beds to its present thirty to accommodate increased demand, thus expanding its capacity by a third. A Miss E. M. Tyo was engaged to direct a proposed training school for nurses. The students would take their senior year at St. Agnes Hospital in Baltimore, Maryland, permitting them to be registered in Rhode Island and in other states. The hospital at that time had eight female nurses and one male. Doctor Augustus W. Calder was president of the institution, and Doctor Henry A. Lange, treasurer. The hospital was the Marine Hospital for the Port of Providence and also the official hospital of the Fabre Line, a French line that brought immigrants to Providence. "This action of the directors of the institution," the article reported, "will probably set at rest the rumors that have been going the rounds in the city concerning the status of the hospital, according to several of the physicians and surgeons who use the place for private practice. The recent reports as to the condition of the hospital were the best that have been made and showed that there has been a steady gain since its inception."

In 1916 the hospital was classified as "private; general" and of 35-bed capacity and thereafter variously at 32 or 35 beds. In 1921 Doctor Calder was listed as "medical superintendent."

In December of 1919¹⁰ it was reported that the hospital had purchased the land and buildings occupied by the hospital for \$16,000, including a mortgage of \$10,000 held by the previous owner. Doctor Calder announced plans to enlarge the structure, although work would not start for some time. The hospital had contracted with the United States

Public Health Service and the War Risk Insurance Board for the care of men disabled in the service.

The opening of the Jane Frances Brown Hospital in 1921, and more recently the new Homeopathic Hospital (now the Roger Williams General) and The Miriam Hospital, had an inevitably detrimental effect upon the economic well-being of such increasingly anachronistic institutions. On August 12, 1927¹¹ it was announced that the hospital would be discontinued and its corporation dissolved. Doctor Calder, now president and treasurer, was named permanent receiver under a decree issued by Judge Hugh B. Baker in Superior Court. Everard Appleton, counsel for Calder, gave assurance that there were sufficient assets to pay creditors one hundred cents on the dollar and also to compensate stockholders adequately. Despite an indebtedness of \$5,000, sale of the property and hospital equipment would produce sufficient funds to cover all liabilities. Doctor Calder had been temporary receiver since July 29 working, according to the report, without compensation. Although initial notice of the closing had been published on July 28, the hospital could not be closed before August 28, since the contract with the United States Public Health Service for the treatment of navy men and marines required a thirty-day notice before termination.

On August 21¹² final notice was given that the hospital would close on September 1. It was explained that the opening of other institutions had resulted in the decision to end the service. Doctor Calder told the press that the hospital had pioneered in many things in the Rhode Island area and had been among the first to use the "radio knife," among other innovations. Negotiations had been in progress for the sale of the property, and the receivers were optimistic about finding a purchaser.

The recent opening of the Homeopathic and The Miriam Hospitals, he said, afforded facilities for many physicians who had formerly used the hospital. The sale was expected to net \$25,000 against a debt of \$5,000.

Throughout its fifteen-year history the hospital had had a contract with the United States Public Health Service for the treatment of transient merchant sailors. In the years immediately following World War I it had received hundreds of veterans for treatment. There was at that time no Veterans Administration hospital in Rhode Island. Most of the local veteran patients would now be transferred to the new hospital in Chelsea, Massachusetts for treatment and rehabilitation. The United States Public Health Service activities were subsequently transferred to the Homeopathic Hospital, which held the contract for many years.

In the interview of August 21 Doctor Calder spoke further of the many delicate and unusual surgical operations performed at the hospital. In a reminiscent mood he recalled the removal of twenty pounds of flesh from "an extremely robust young woman" with beneficial results. Removal of flesh from the abdomen, he said, was later taken up in other hospitals. Providence Surgical Hospital physicians were said to have gained considerable newspaper publicity for being the first to employ the method. It is now a discredited operation. Doctor Calder stated that the "radio knife" had been employed successfully in the amputation of a breast. The operation had in this way been rendered almost bloodless. The electrical cutting instrument had been used in one other instance in the city. Electrosurgery is now widely used.

It was explained that three patients remaining in the hospital at the time of closing would be transferred to Chelsea. There were in all six student nurses, three graduates, and one male orderly. The six

students would be sent to other hospitals to complete their training. The active staff at the time of termination consisted of Doctors Calder and Lange, and Doctor Montafix W. Houghton, United States Public Health Service Surgeon for the area. Other physicians, it was said, had on numerous occasions used the hospital's facilities for special cases.

The Blackstone Hospital of Pawtucket, according to available sources, was established in 1912 or 1913. It first appeared in the Pawtucket City Directory, however, in 1915, listed at 75 Miller Street. The hospital's location was also listed at various times as Miller and Broad Streets or Broad and Miller Streets. A contemporary picture postcard gives the latter address. It had a capacity of 60 beds, was described at times as "private" and "general," and had a "medical staff." In 1916 and 1917 Mrs. E. P. Taylor served as superintendent, followed by George M. Potter in 1918. It was last listed in the Pawtucket City Directory in 1919. Thereafter the building was occupied by the Hotel Georgian in the 1920s, the Hotel Slater in the '30s, and the Hotel Arnold as recently as the 1950s and 1960s. The site on which the building was located disappeared in the mid 1960s due to urban redevelopment.

Bob Russell of the Pawtucket Times, who writes a column titled "Focus on times past," has become interested in the Blackstone Hospital. During February and March of 1979 he devoted portions of several columns to the institution.¹³ He explained that it had stood on Broad Street at the site of the present John F. Kennedy Housing for the Elderly building. The segment of Miller Street which had intersected Broad Street was obliterated in the redevelopment process. The building, as shown in the picture postcard, was a large handsome Victorian mansion. A reader wrote to Russell: "I had the occasion to be operated on at the old

Blackstone Hospital in 1917 when I was just a kid. It was a minor operation, but I still recall when the nurse scared h--- out of me by approaching me with the big cutting shears in her hands instead of holding them behind her back." Another correspondent recalled: "My son was born there in 1916 in the third floor maternity ward. The front door of the hospital was not used, and entrance had to be gained by the side door which was on Miller Street. One thing that I vividly recall about that hospital was that when it rained, forget it!" Still another wrote: "I was born at that hospital in 1917 and delivered by the old Doctor Cabana of Central Falls."

1915 - 1919

Doctor John W. Keefe, probably the most prominent surgeon of his day in Rhode Island, in 1915 opened a private hospital in a new building at 262 Blackstone Boulevard on the East Side of Providence. Its capacity was variously listed as 20, 25, and 30 beds, with Doctor Keefe as the "surgeon in charge." The dignified brick edifice still survives. In the Providence Magazine of 1916¹⁴ it was described in this way: "In this age of specialization, when work should be done in the best possible way, a private hospital for surgical cases, which combines the efficiency of the institution with the hospitality of the home, responds to a real need." It was situated on Blackstone Boulevard, "where there is quiet, clean air, and beautiful country. It is a substantial red brick building, fire-proof, and in all respects of excellent modern hospital construction. It faces east, standing in a broad open space, where no sunlight can pass it by. The inside is planned and equipped with regard to cleanliness, convenience, and attractive simplicity. The greatest possible care has been taken in planning the operating room

with its adjoining sterilization room and dressing room. The capacity is 30 beds."

On March 25, 1915¹⁵ the Committee on Corporations of the House of Representatives of the Rhode Island General Assembly conducted a hearing to consider a bill to incorporate the hospital and give it tax exemption. The city tax amounted to \$437. Although "many prominent persons" appeared to testify in favor of the exemption, Assistant City Solicitor Henry C. Cram of Providence, naturally enough, indicated that the tax exemption was a matter of considerable concern to the city. Among the prominent persons who testified in favor of the exemption were Colonel Robert H. I. Goddard, Richard B. Comstock, Colonel Frank W. Tillinghast, William Armour, Doctor John W. Mitchell, Doctor Frank L. Day, and Attorney John J. Cosgrove. The Rhode Island establishment was well represented.

Doctor Keefe stated that "in this age of specialization" the state should have a surgical hospital. "We have," he said, "excellent hospitals, but we need a surgical hospital. A large hospital is not always the best. A patient cannot be cared for so well in a large hospital as in a small one," which is certainly at variance with the notions of the 1970s on the limited capabilities of small hospitals. Doctor Keefe continued: "There are people who would probably raise a fund for such a hospital for free or charitable work. We are doing the same type of work as they are at other public hospitals, and I see no reason why we cannot have a charter placing us on the same basis." Colonel Goddard argued: "I cannot see why it should be discriminated against by the State. I think the tax exemption is proper. Before I allowed the use of my name as a petitioner for this charter to become one of its incorporators, I thoroughly investigated its character. It is charitable in great measure--but not

absolutely so, but charitable in great measure."

After Doctor Day testified that the hospital was planning to do charitable work, Assistant Solicitor Cram asked him if the hospital would allow any surgeon to operate at the hospital. Doctor Day replied that all hospitals have regular staffs and that many persons are not fit to conduct operations. Attorney Cosgrove pointed out that physicians must obtain permission to operate in any hospital.

Comstock stated: "I doubt that you can find in this community a more reputable group of men than those who ask the passage of this act." Others who spoke in favor of the charter were Michael Houlihan and William H. Hoffmann. Doctor Keefe stated that presently he was the only surgeon operating at the hospital.

The Tax Assessor for Providence testified that 9.4 percent of all property in the city was tax exempt. Comstock remarked that he thought it rather small that anyone would appear to object to exempting a tax of \$437. It does not appear to have been mentioned that this nominal sum should have been of little consequence to Doctor Keefe, who was most certainly a very prosperous surgeon. Cram argued that, if the institution sought aid, it should be chartered but otherwise treated like all similar institutions. The committee took the matter under advisement. The General Assembly eventually granted the charter, but the tax exemption was rejected by the House.

In May of 1915¹⁶ the J. W. Keefe Surgery was formally organized with Doctor Keefe as president and treasurer and Doctor Frank L. Day as secretary. The trustees were Doctors Keefe, Day, and Mitchell; Colonel Goddard; and Messrs. Hoffmann, Armour, and Houlihan.

Another attempt to obtain a tax exemption in the following year

also failed. In 1917, however, the bill was introduced in the Senate, where the climate was more favorable. On March 29, 1917, the Senate Corporations Committee reported favorably, although with some dissent, and the Senate approved the exemption on March 30.¹⁷ It was stipulated in the bill, however, that the corporation could not pay dividends, and funds earned over the cost of maintenance, excluding salaries, must be spent on improvement of the institution. The House concurred in approving the exemption.

An American Medical Directory listing in 1921 described the hospital as "public; surgery." In 1925 it was listed as "general," and an outpatient department was mentioned. Throughout this decade, Keefe was designated as "surgeon in charge." In a 1927 entry certain changes appeared. The listing stated: "Control: John W. Keefe Surgery Corp. and Medical Staff; John W. Keefe, Chief Surgeon." Since medical practice corporations were not legal at that time, the designation undoubtedly applied to the hospital ownership and corporate structure. A listing in 1929 specified: "individual control; John W. Keefe, chief surgeon." It also classified the hospital as "general" with an outpatient department. In 1931 it gave the control as "association" with John W. Keefe as chief surgeon. The significance of these variations, if any, is not clear. A similar listing was carried in 1934. That was the last appearance of the John W. Keefe Surgery in the American Medical Directory. It was listed in the Providence City Directory for 1935, but not thereafter.

Doctor Keefe died on August 3, 1935. For all practical purposes the Keefe Surgery, as it was familiarly known, died with him. He had kept it filled with patients from his large practice, but the facility had not been used extensively by others. The building was sold but

remained unoccupied until 1938. In that year it was acquired by a British branch of the Order of Friars Minor Capuchin of Saint Francis,¹⁸ which maintained it for many years as the St. Francis Friary. Of the thirty rooms in the building, eighteen were converted to monastic cells. The hospital beds, operating table, and other hospital equipment were donated to the friars by the previous owners. The building is now the home of the New England Academy of Torah, a Hebrew secondary school.

Miss Ruth Roxana Taylor operated a private hospital at 45 Highland Avenue in Westerly from 1918 to 1927. A private hospital was operated by Grace C. Shanley at 149 Princeton Avenue in Providence from 1919 to 1921. Miss Shanley was the superintendent and one George Waldron, assistant superintendent. No other information is available about either facility.

1920 - 1924

About 1921 Doctor Alphonse J. Lalonde, a physician and surgeon of Pawtucket, opened a private hospital at 422 Brook Street (now Armistice Boulevard) in connection with his home and office. The hospital was last listed in directories under his name in 1924. In the meantime French Hospital and Dispensary, which was established to accommodate the Canadian French-speaking population of the area, had been opened in 1921 at 437 Broad Street in Central Falls. About 1923 it became known as the Hopital Notre Dame. In 1925 Notre Dame acquired the building at 422 Brook Street in Pawtucket from Doctor Lalonde. The following year it moved to 693 Broad Street in Central Falls, and eventually to 1000 Broad Street in the same city. After a half century it still operates as a voluntary general hospital at that location. While located at 422 Brook Street, its capacity in 1925 was given as 27 beds, which is the only

indication we have of the size of Doctor Lalonde's institution. In 1927 its name was anglicized to Notre Dame Hospital.

From 1922 to 1926 Doctor H. Mortimer Sanger of Providence was proprietor of Sanger's Hospital on Rumstick Road in Barrington. Doctor Sanger, a homeopathic physician, was a graduate of Hahnemann Medical College and a member of the Rhode Island Homoeopathic Society. His home and office were at 90 Waterman Street in Providence, but he spent his summers at Rumstick Point. That his summer home and the hospital were one and the same appears likely. Mrs. Sanger (Nellie Q.) appears to have participated in the management. The Rhode Island Business Directory in the 1933 Providence Directory carried the entry: "Sanger's Hospital (summer)." No information is available as to whether it had been a summer enterprise all along or whether it was actually still in operation at that time, shortly before Doctor Sanger's death. Doctor Sanger, influential in the planning and completion of the new Homeopathic Hospital of Rhode Island (now Roger Williams General Hospital) and an original trustee of the hospital, died in 1934.

The Kingsford Home Hospital at 188 Willett Avenue in the Riverside section of East Providence was listed from 1923 to 1926. John C. Kingsford, a former letter carrier, was the proprietor, and his wife, Susan A., the manager. Mrs. Kingsford until recently, as of this writing, operated the Bel-Aire Nursing Home at nearby 803 Willett Avenue. She retains an active interest in the establishment, which is now operated by her daughter.

1925 - 1929

From 1925 to 1936 the North Bend Hospital stood at 26 North Bend

Street in Pawtucket. Ms. Cora P. Varrieur was the proprietor. Few other details about the hospital are available. Bob Russell of the Pawtucket Times wrote in his column "Focus on times past" of March 1979:¹⁹ "I recall that hospital and so do many readers, I'm certain. It stood right around the corner from Walcott Street--in back of St. Joseph's School or the White Sister's Convent. I think there was an independent grocery store across the street, with a big box in front to hold early morning deliveries of bread and other items." A Times reader adds: "My mother recalled that I was born at the North Bend Hospital in 1930." John T. Tierney, Deputy Director of the Rhode Island Department of Health, was also born at the North Bend.

Doctor Anthony Corvese, a Providence surgeon, had built a small hospital which opened in 1926 as the Corvese Hospital at 485 Broadway near Olneyville in Providence. It was a substantial two-story building reminiscent of the Keefe Surgery across town. In 1930 the name was changed to the Broadway Hospital. From 1934 until it closed in 1935 it was listed as the Broadway Hospital, Inc. In the 1931 American Medical Directory it was described as "general; surgical," of 12-bed capacity, and of "association" sponsorship, the meaning of which is not clear. Doctor Corvese was the "medical superintendent." In the 1934 American Medical Directory listing it was identified as "surgical" with eleven beds and one bassinet, indicating provision for obstetrics. It was classified in this instance as under "individual control." A 1936 listing, by which time the hospital had already closed, described it as a "nonprofit association."

The enterprise was never a financial success. The quoted sources

appear to indicate that it passed through somewhat the same phases as did the Keefe Surgery with respect to conversion into a nonprofit organization. As was also the case with the Keefe Surgery, a small facility without broad public support could not survive as the larger endowed publicly supported hospitals took over the scene. It is significant that the Keefe Surgery, Hope Hospital, and Doctor Corvese's Broadway Hospital, all respectable, substantial, and above average private hospitals for the area, succumbed within a twelve-month period. The building, which still stands, is now an apartment house. Doctor Corvese also survives, now in his ninetieth year.

The Margaret Edward Anderson Hospital of Westerly was established in 1926 by Doctor J. Gordon Anderson, a surgeon. Originally located at 23 Cross Street, which was his residence, it moved to Watch Hill Road about 1930. Described as a general hospital, it had a capacity of 25 beds and 8 bassinets and operated an outpatient department. It was under "individual control," with Mrs. Mary Patton Anderson, R.N., Doctor Anderson's wife, as superintendent.

Private hospitals first became subject to licensure and regulation by the State Health Department in 1932. The Margaret Edward Anderson Hospital eventually succumbed to the stringency of regulation. Health Department files make available to us more information about the hospital latecomers than could be learned about most of the earlier institutions. Doctor Anderson, the owner and proprietor, was listed as administrator, while Mrs. Anderson was in charge of nursing personnel. Doctor Anderson, a 1921 graduate of the Harvard Medical School, had served a surgical internship at the Boston City Hospital and a fellowship in surgery at the Mayo Clinic and received further training at New York

Hospital. Mrs. Anderson received her nursing training at the Boston City Hospital. It is not clear how prompt or effective was enforcement of the original licensing law after its passage in 1932. It would appear from Health Department records that an application for a license was filed by Doctor Anderson some time in 1944 and a license granted about January 15, 1945. An inspection in 1948 indicated that the hospital had capacity for 20 adults, 2 children, and 6 infants. In the calendar year of 1947 there had been 312 admissions, 52 births, 5 deaths, and 359 discharges. There were no neonatal deaths.²⁰

There were four yearly fire inspections by the town fire chief. The floor and head space per patient was 12 x 12 x 9 feet. There were six patient units on the first floor, five on the second, and three on the third, and also two cribs and eight bassinets. The entire building was of wooden construction. There were two wooden stairways to each floor, a fire escape, "numerous" fire extinguishers, and a Grinnell sprinkler system. The building was heated by steam heat. Ventilation was "natural (windows)."

Patient records were "adequate" and kept in folders. There were four registered nurses, two practical nurses, and four other personnel attached to the hospital, with Mrs. Anderson in charge. Medical staff members were required to be graduates of approved medical schools and licensed to practice. The hospital admitted obstetrical, medical, and surgical cases.

The operating room was on the second floor, with both window and artificial lighting. There were scrub facilities next to the operating room, suitable sterilizing equipment, and a supply of instruments, although surgeons were expected to furnish their own equipment for

"unusual" surgical operations. The staff was "closed," consisting of three active members, five consultants, and five courtesy. Anesthesia was administered by "different physicians." The 1948 report, however, contained this summary: "This is a private hospital with usually only the owner's own patients being admitted."

The amendments of 1949 to the licensure statutes greatly enhanced the effectiveness of surveillance and enforcement. An evidence of the increased sophistication of the regulations was a request in 1949 that the hospital provide a complete list of the staff, including those other than active (such as consulting and courtesy) according to type of service; the constitution, bylaws, or other set of regulations governing the staff; and a complete set of patient record forms.

Later surveys added various details. A 1952 report described one three-bed ward in addition to private and semiprivate rooms. The four employees other than nurses included a cook, cleaner, gardener, and handyman. A review in 1957 indicated that the hospital had an effective Disaster Emergency Plan: "During 1938 and 1954 hurricane disasters, hospital functioned smoothly under emergency conditions, with emergency lighting facilities, etc."

In 1953 troubles began to surface.²¹ A fire marshall's report suggested that all doors leading to the outside be made to swing outward. Paths of egress to the fire escape and the exit on the first floor were blocked by the storage of several articles. The door to the fire escape "sticks and does not open easily." It was recommended that a fire alarm bell with controls on each floor and in a position to be heard throughout the building, and carbon dioxide and soda-acid extinguishers be installed in properly accessible locations.

A health department inspector, who had accompanied the fire marshall, observed:²² "Neither Dr. Anderson nor his wife (were, was) there. We were shown through by Miss Dorothy Flynn, R.N., who is (now) the Head Nurse. There are two R.N.'s on duty during the day and at least one at night.

"There are three beds on the top floor, which is a fully furnished floor, rather than an attic. Due to the shallow pitch of the roof (it is almost flat), there is nothing above the third floor except a small air space. Miss Flynn says they never put patients on the top floor except when there isn't room on the first and second, and they never put anyone there who couldn't get up and walk if necessary. The beds are each in separate rooms, and there is good access to the fire escape from all rooms (but it would be hard to find by an unfamiliar person; no signs are up at the present time).

"On the second floor are three single rooms and a 4-bed ward. The ward, by any stretch of bed-floor-area standards, is crowded. The second floor also contains the operating room, which appeared adequate and well-run. The table is on casters, which have left their marks in the floor linoleum.

"The first floor contains the waiting room, dining room, kitchen, nursery, and scattered accommodations for six patients. Here, also, the area seems too little per bed.

"There is no elevator service, of course. The stairs are remarkably narrow and steep.

"The place appeared scrupulously clean throughout. However, there wasn't a bed that didn't seem to have more enamel chipped off than had been left on, and the old-fashioned structure of the house, with its

elaborate wainscots and other needless woodwork (plus a general sag that threatened cracks and other fissures) suggested that the cleanliness was the result of an uneven struggle."

A letter to the hospital from the State Department of Health, dated April 2, 1953, indicated further problems:²³ "Information has come to this office that the...Hospital is at present operating without a (yearly) license, in violation of Chapter 259 of the General Laws of Rhode Island, as amended (1949)...You will cease operation immediately and will not resume operation until a license has been granted, contingent upon receipt of the enclosed application, properly filled out, and a favorable review of said application...s/Edward A. McLaughlin, M.D., Director."

A completed application was forwarded with an explanation and apology for the delay,²⁴ but elicited this stiff reply:²⁵ "This is to acknowledge your application...and accompanying letter of April 9, 1953. Since you have nevertheless been operating the hospital without a license, you will cease to receive any more patients until you receive...a decision concerning your application." The application was eventually approved, and operations were resumed.

Thereafter the yearly applications for license renewal were handled by legal counsel for Doctor Anderson, apparently to avoid further non-compliance. In 1956 the hospital admitted 210 patients with an average stay of seven days.²⁶ The hospital was still licensed and operating in 1958²⁷ and appears to have operated until some time during 1963. On November 15 of that year Doctor Anderson notified the Health Department²⁸ that he would not apply for a license for 1964 and that "the hospital has already closed." This was confirmed by legal counsel,²⁹ who stated that

the hospital "is no longer in operation." Doctor Anderson still survives in his 88th year.

The Vendome, Inc., a private hospital located at 202 Waterman Avenue in East Providence, operated in 1927 and 1928. Its proprietor was Doctor Burton D. Warren, a chiropractor. No other facts are known.

1930 - 1940

Listed only in 1931 was the Westcott Home Maternity Hospital, operated by Mrs. Alice B. Westcott at 28 Suffolk Avenue in Pawtucket. From 1931 to 1936 Lena A. Gardner operated the Maternity Home at 66 Earle Avenue in the Riverside section of East Providence.

The Hathaway Maternity Home was operated from 1931 to 1936 by Hannah M. A. Hathaway in her home at 18 Fifth Avenue in East Greenwich. Although the hospital was listed in the Rhode Island Business Directory as late as 1944, the East Greenwich Directory listing, which terminated in 1936, appears to be more reliable, as Ms. Hathaway died on January 6 of that year.

The Maebrien Maternity Hospital, operated by Mae O'Brien at 84 Rosemont Avenue, Pawtucket, appeared in listings only in 1932. No other facts are known.

St. Theresa's Hospital was located at 474 South Main Street in Woonsocket from 1932 to 1936. Henry J. Huard was operator and Mrs. Huard (Dorilda), superintendent. In 1937 a "St. Theresa's Clinic" was listed in Room 2 at 70 North Main Street. This was also the office of Doctor William G. Levy. There is no indication that it was a hospital at that time.

The Maude Frances Maternity Home was located at 82 Providence Street in Providence in 1936. No other information is available.

Ann's Maternity Home first surfaced in the directories in 1940. It was operated by Mrs. Annie B. Hoar at 1287 Post Road in the Norwood section of Warwick. Although Mrs. Hoar (Mrs. Walter S.) claimed in a license application in 1953 that the hospital had been in operation for 25 years, this cannot be verified from available sources. The Hoars had lived at 905 Post Road prior to 1940, but there is no indication of a hospital or maternity home at that address. Before 1949 the facility was licensed by the State Department of Social Welfare under an exception to the hospital licensing law excluding "maternity hospitals or convalescent homes." The 1949 amendments to the law eliminated the exception. An inspection early in 1953 by the late astute and colorful Victor Hill of the Health Department produced this vivid report:³⁰

"The place is located at 1287 Post Road (or Elmwood Avenue) in Norwood. It is a 2½-story house, owned by Mrs. Ann Hoar, who is also the operator of the Maternity Home.

"Mrs. Hoar said that she hasn't been working the place for several months because of ill health, although she had a case about a month ago. You can see it on the record in the Health Department, she said. She does not anticipate any cases at present, although she has not officially closed down and is not planning to. The place has been in operation, according to her, 'about twenty-five years.'

"She offered to show me the premises without request. The first floor is the same as that of any dwelling: a sitting-room immediately inside the front door, a dining room, kitchen, and another, larger, sitting-room. On the second floor are her own bedroom and three other bedrooms used for patients' quarters. The beds in the three patients' rooms are disposed 2-2-1. There is also a nursery, which is simply

another room, containing seven wicker baskets of the kind used in some homes for infants. She has seldom had more than three patients at a time, although, as she says, 'I'm licensed for five.' The license, which she proudly showed me (it's hung in a frame at the foot of the stairs), was issued by the Department of Social Welfare, is dated 1942, and signed by Annie M. Griffith.

"The one other room on the second floor is the Delivery Room. It seems rather small in area but contains a fairly modern delivery table and apparently sufficient equipment, including a scrub-up sink with old-fashioned faucets. I asked her who operated the faucets when the doctor was scrubbing up and she said, 'Oh--I always do. The doctor mustn't touch anything when he's scrubbing up for a delivery.' This room, like the others, appeared to be spotless. All floors upstairs are covered with linoleum that shows, here and there, a spot of age, but is kept highly polished.

"Her patients are all married and come there, according to her, 'so that they can feel as if they're in a home.' Considering Mrs. Hoar's age (her name would describe her hair, except that it's dyed) and the approximate era in which her mind closed up and settled down, she feels that she is taking care of patients who don't want to give birth in their own homes and also don't want to go to a hospital. The patients' own doctors deliver the children and give them post-natal care. She says that all the doctors who have had patients in the home are pleased with it, and that in the 25 years of operation, there has never been a case of infection.

"The house is a frame dwelling with the usual single interior stairway in the forward part of the house. There is also an exterior

stairway in the back, leading down from the second floor. This is presumably for escape in case of fire, but it is made of wood.

"Mrs. Hoar seems a woman of good heart and conscience. As noted, she made the original offer to show me the premises. She also stated several times that she wanted to do everything that was right. Her faith in the 1942 license, misguided as it is, was obviously sincere. I tried, in an elementary fashion, to explain our present licensing procedure but am sure she didn't comprehend it. I left her a copy of the law.

"The patients' rooms were well furnished (in high 1921 style) and appeared to live up to her claim of being comfortable and home-like. There was a large picture of Jesus in each room."

The formal license application,³¹ which was submitted in due course, listed Ann Hoar, Practical Nurse, as the owner. The staff consisted of one practical nurse (Mrs. Hoar) and two aides. There was one other employee. It was described as a frame house covered with asbestos shingles. The bed capacity was five, with two 2-bed and one 1-bed units. The average floor area per patient was 12 x 7 feet with ceilings of 8 feet, 3 inches high. Average daily occupancy during the past year had been one. Records were kept, but these were described elsewhere as "quite old and faded." A summary report³² noted that "The proprietress, Mrs. Ann Hoar, states that she is doing very little business these days because of her own illness. Has reported one booking for the near future." Whether or not that last childbirth took place, we do not know. The establishment appears to have ceased operations some time during 1953.

From 1941 to 1944 Doctor A. Henry Hahn, an osteopathic physician,

had operated Hahn's Maternity Hospital at 1079 Smith Street in Providence in connection with his home and office. In June of 1944 Clemence J. France, Director of the State Department of Social Welfare, threatened to revoke his license unless the premises met the fire protection requirements within thirty days.³³ Alexander Addeo, the Providence building inspector, had reported that the hospital had ignored his orders to discontinue use of the building as a hospital. It had been a one-family home and did not provide "adequate egress," the only means of escape being an interior wooden stairway with no fire protection. Director France said that it had long been the practice of his department to seek the advice of municipal building authorities for nursing homes and that the procedure had recently been extended to maternity homes.

In August Hahn was denied permission by the Building Board of Review for a modification of the building code requirement.³⁴ France had now notified Hahn that if the previous order were not complied with within fifteen days, his hospital license would be revoked. Since this was before the 1949 amendments, maternity home licensure was still the responsibility of the Department of Social Welfare. Doctor Hahn, through his attorney, Philip Goldberg, requested permission to operate the maternity hospital for the duration of the war and for six months thereafter (World War II), while making certain interior alterations. The Building Board of Review did not consider the proposed alterations sufficient to meet the minimum safety requirements. The structure, they emphasized, had only one wooden interior stairway, and patients were quartered on the second floor. The building inspector had informed France that the operator had ignored his orders to cease using the premises for hospital purposes. The license was revoked and Hahn complied, terminating his obstetrical

activities in the building.

At about the same time (1944), a Mrs. Marie C. Hall petitioned the Building Board of Review for permission to alter a structure at 438 Hope Street in Providence to conform with the current building code. Her intent was to convert to a maternity hospital³⁵ a building which had been used for thirty years as a convalescent home called the Heath Sanatorium (see below). Mrs. Hall was granted leave to withdraw her application, as the board was convinced that the proposed modifications would not be sufficient to comply with the applicable safety requirements.

The last of the private hospitals to open in Rhode Island and the last to close was the McAlpine Memorial Hospital of 371 Broadway in Providence, founded and operated by Doctor Carlotta N. Golini. Doctor Golini, herself a colorful person, was born in Sorrento, Italy, on October 24, 1882, the daughter of Professor Liborio and Vincenza Manente.³⁶ She came to Providence from Italy in 1905 at the age of 23 and shortly thereafter married Doctor Domenico Nicola Golini, a graduate in medicine of the University of Naples. He was licensed to practice medicine in Rhode Island in 1902 and shortly thereafter opened an office on Charles Street in Providence. About 1904 he moved to 246 Atwells Avenue in the Federal Hill district, where he was soon joined by his young bride. During their brief marriage, Carlotta bore him four daughters. They later moved to 64 Vinton Street to accommodate their growing family. Their second daughter died in 1911, just before her third birthday. Tragically, Doctor Golini died on September 15, 1913 in his thirty-ninth year, leaving Carlotta with three young daughters ranging in age from one to seven years. Carlotta promptly and firmly took matters in hand. She

entered the premedical program at Brown University a few months after her husband's untimely death, later transferring to Tufts University Medical School, where she received her degree in 1918. After graduation she served an internship at the New England Hospital for Women and Children in the Roxbury section of Boston. In 1919 she married her Tufts class-mate, Doctor Alfred F. McAlpine, who had interned at the Rhode Island Hospital. They opened their offices together in 1920 in their home at 340 Broadway in the Federal Hill area of Providence. Both engaged initially in general practice, she stressing obstetrics and gynecology; but later he specialized in genito-urinary surgery. She practiced under the name of Doctor Carlotta N. Golini. She bore her fifth and sixth daughters to Doctor McAlpine in the early 1920s.

In 1926 they moved their offices to 277 Broadway but bought a home for themselves and their five daughters on Taber Avenue on the East Side of Providence. In 1930 McAlpine moved his office to Waterman Street on the East Side, while Carlotta continued her practice at 277 Broadway. In 1933 she moved her practice to 371 Broadway, the site of the future McAlpine Hospital. The building was a large late-Victorian or turn-of-the-century wooden frame dwelling on the corner of Andrews Street. For several years she rented part of the space in the new quarters to others. To what extent she had used the various premises for obstetrical and gynecological procedures prior to the formal establishment of a hospital is speculative.

Doctor McAlpine in the meantime had pursued postgraduate studies at Women's and St. Luke's Hospitals in New York City, furthering his urological training. In 1933 Doctor Golini divorced McAlpine, who soon remarried, although his second marriage also ended in divorce in 1937.

He was tragically killed in a one-car accident in Somerville, Massachusetts, his home town, on November 10, 1939, in his forty-eighth year.³⁷ It is said that he was on his way to a meeting of the New England Urological Society at the Harvard Club in Boston. Carlotta, widowed once again, was left with five daughters in various stages of maturity, the youngest then a high school student. Despite her divorce she appears not to have lost her affection for her late husband.

In 1942 she determined to establish a maternity hospital in connection with her office at 371 Broadway, while she continued to live with her family at 49 Taber Avenue. She named it the McAlpine Memorial Maternity Hospital³⁸ in memory of her late husband "to satisfy," she wrote, "an ideal and to perpetuate the memory of one who had been an outstanding member of the medical profession" and "a beloved physician." Details regarding its capacity and appurtenances at the time of opening are not available, although it was licensed under the older statutes providing for the licensing of maternity homes and hospitals by the State Department of Social Welfare. In June of 1944 Clemence J. France, director of the department, threatened to revoke the hospital's license within thirty days, along with that of Hahn's Maternity Hospital, unless the premises met the fire protection requirements within the specified time.³⁹ Alexander Addeo, the Providence building inspector, reported that the hospital had ignored his orders that use of the building as a hospital be discontinued. Like Hahn's, it was described as a one-family house of wooden construction with inadequate egress, the only means of leaving the building being an interior wooden stairway without fire protection. Fire protection plans approved by the Building Board of Review had never been carried out. France, as was noted in the case of

the Hahn facility, recognizing that it had long been the practice of his department to seek the advice of the municipal building authorities in the inspection of convalescent homes, had recently extended the practice to maternity homes.

In August of 1944, according to France, Doctor Golini had taken steps in accordance with the June order to carry out complete alterations outlined in plans earlier approved by the Building Board of Review, which would give the structure adequate fire protection. He granted a 30-day extension for completion of alterations, since, in contrast with the Hahn case, the changes would give the patients adequate protection⁴⁰ against fire. The requirement would be met by adding a small ell at the rear of the existing structure on the Andrews Street side containing a brick-enclosed stairwell.⁴¹

A brochure of this period⁴² described the hospital in these words:

"In providing an easily accessible and completely equipped hospital for confinement cases, Dr. Golini was inspired by a desire to be of service to those in the profession who might find it convenient and comfortable for patients who like special care and privacy.

"These pages depict the highly modern character of the hospital and show the meticulous attention given to every phase of its equipment, upkeep, and management. It is a matter of community and professional pride for the Director, who personally supervises every detail, thus insuring that every physician will get every possible aid and cooperation that skill, experience, and organization can give him." Illustrations showed the labor room, the delivery room, the nursery, a small ward, a semi-private room, and the kitchen. The building also included a separate unit with two "specially equipped rooms" on the first floor for

tonsillectomies and minor surgery.

Mrs. Maria G. Famiglietti, Doctor Golini's daughter, writing some years later,⁴³ recalled that Doctor Golini was "besieged by many of her colleagues to expand the facilities to include general surgery." This type of facility, of course, even under the older statutes, required licensing by the state Health Department, which in any case would inevitably have taken over responsibility after passage of the new licensure law in 1949.

In December of 1948 Doctor Golini wrote to Doctor Edward A. McLaughlin, then Director of the Rhode Island State Department of Health, as follows:⁴⁴

"Some months ago, I applied to operate a surgical unit on the first floor of the building which houses the McAlpine Memorial Maternity Hospital. Soon afterward, according to your regulations, Dr. (Raymond) McAteer called to come to inspect the premises, but I was compelled to ask him to postpone his visit until such time as the new section was prepared and equipped.

"Equipment has been slow in arriving, and as you can imagine, labor involved has been slower still, but now at last, the place is ready. I should be very grateful for the favor of an early inspection in order to be able to accept cases as soon as possible.

"I think you should know that in preparing the new unit, I have been guided by the advice of some of our eminent surgeons, so that I am quite sure that everything will meet your approval."

On July 26, 1949 Doctor Golini again wrote to Doctor McLaughlin:⁴⁵

"Enclosed you will find a copy of the Rules and Regulations of the Medical Staff of the McAlpine Memorial Hospital, which were adopted at

the organization meeting held at the hospital on Tuesday, July 19.

"Enclosed also is a list of officers of the association which were elected that night for the balance of the year."

The staff association officers were Charles J. Ashworth, M.D., president; Frank I. Matteo, M.D., vice-president; and E. J. Bernasconi, M.D., secretary. The staff consisted of twenty-five physicians divided into ten specialty services.

Doctor Golini continued: "I trust that this will fulfill all the requirements stipulated to me. You will note that no one is designated as a Chief because all patients are treated here as individual privates and the position of a chief would be unnecessary. All provisions have been made for the fullest and best care of patients to be admitted to the hospital, as well as for the efficient functioning of the staff. Further regulations unquestionably will be necessary and will be added to these already adopted as the need for them arises.

"Enclosed also are sample sheets for our proposed records and an application blank for membership on the staff. I trust that this data may be complete and that the permit for actual operation of the surgical unit of the McAlpine Memorial Hospital will be forthcoming directly."

This communication clearly indicated the thrust of the new hospital regulations toward improvement in patient care, but it also reflected Doctor Golini's sincere desire and effort to comply. The fact that the license was granted indicates satisfactory compliance.

An application for license renewal dated December 15, 1953 ⁴⁶ pictured the hospital's status at that time. It had been formally incorporated on January 20, 1947 as the McAlpine Memorial Hospital, Inc. Doctor Golini was president of the corporation, and her daughter,

Maria G. (Mrs. Arthur P.) Famiglietti, secretary. Doctor Golini served as president and treasurer. Five hundred shares of common stock were authorized, of which 300 shares without par value were issued. No directors were authorized, and all business was transacted by a majority vote of stockholders. At that time Doctor Daniel V. Troppoli was president of the staff. Doctor Golini was full-time administrator of the hospital. Alice B. Grimes, R.N., a graduate of the Memorial Hospital of Pawtucket School of Nursing, was in charge of nursing personnel. The staff now numbered 122 physicians, of whom 93 were active staff and 29 consulting staff. There were 16 nurses, of whom 12 were permanent staff, including 9 graduate registered nurses, 5 practical nurses, and 2 aides. Three persons other than nurses completed the operating staff. The building was described as "brick and frame," with a maximum bed capacity of 29 and a "usual bed complement" of 25. The brick portion was the enclosed staircase. There were two 2-bed units, two 3-bed units, one 4-bed unit, one 5-bed unit, one 6-bed unit, and 10 bassinets. The average floor area per patient was 70 square feet with a ceiling height in patient areas of 10 feet. The hospital accepted nonchronic medical, surgical, and obstetrical cases. The average daily occupancy was 12.4.

The medical staff fluctuated in size, numbering 102 in 1954 and declining to 75 in 1957.⁴⁷ The licensure application for 1957 noted that Doctor Golini "has had direct management since 1942 when hospital first opened as maternity home. Has guided expansion of physical facilities, and services to present capacity."

During the years which followed little of note transpired. A newspaper item of March 3, 1962 reported the annual meeting of the staff association on the previous evening at Wayland Manor. Doctor

Bert S. Jeremiah was elected president of the staff association and Doctors Stephen J. Fortunato, vice-president; Nicola DiPalma, secretary-treasurer; and Harry Kechijian and John Mulvany to the executive committee. Doctor Ronald M. Smith, retiring president; Doctor Charles J. Ashworth; and Doctor Golini, director, were also elected to the executive committee.⁴⁸

In its November 1962 issue the Rhode Island Medical Journal⁴⁹ in an editorial deplored the fact that hospitals were allowed to operate even though they had not been certified by the Joint Commission on Accreditation of Hospitals (jointly sponsored by the American College of Surgeons, the American College of Physicians, the American Medical Association, and the American Hospital Association). Although the hospitals in question were not named, the Providence Evening Bulletin observed in a December 13 article⁵⁰ that the McAlpine and the Anderson in Westerly, among others, would fit that description. McAlpine was neither a member of the Hospital Association of Rhode Island, nor a participating Blue Cross hospital. Doctor Joseph E. Cannon, now Director of the State Health Department, stated in an interview, when questioned about the editorial, that he saw merit in denying state licenses to nonaccredited hospitals. But he opposed any "willy-nilly approach to hospital licensure and inspections," with some hospitals closely scrutinized while others received little attention. Doctor Cannon added: "We know there are some areas that need strengthening in our hospital laws, and we are moving as fast as our staff and our funds allow in seeking to develop new standards. This takes time." Doctor Cannon also complained that a reduction in his budget request for the previous year had denied him three additional officers who would have spent at least part of their time inspecting hospitals with license renewals in mind. The stringency of hospital inspections

did, in fact, increase measurably under his direction. This trend, together with the advent in 1965 of federal Medicare with its strict standards, spelled the eventual downfall of the McAlpine.

Although inspectors of the State Fire Marshall's office and the Health Department during visits in November and December of 1963⁵¹ had discovered some fourteen deficiencies at McAlpine,⁵² a license for the ensuing year was issued to the facility. During 1963⁵³ the staff had performed in the one operating room 685 operations, including 279 tonsil and adenoid cases, for an average daily caseload of 1.9. There had also been 22 obstetrical deliveries in the single case room. On April 5, 1965 Doctor Jean M. Maynard of the Health Department wrote to Doctor Golini:⁵⁴ "About the middle of April, we shall begin the Plant Evaluation Survey which we announced to you at the time we delivered your hospital license. As you know, this survey is being done nationally in order to estimate the need for modernization of hospitals." A registered architect and engineer would make the survey.

On October 16, 1965 Mrs. Maria G. Famiglietti, now Assistant Administrator, wrote to Doctor E. Franklin Hall of the Health Department:⁵⁵ "Since January 1, 1965 we have performed 479 operations up to ...October 11, 1965. It was a pleasure for us to meet you (in the performance of your comparatively new duties), as it was to renew our acquaintance with Doctor Maynard and Mr. (Robert R.) Reidy. Doctor Golini was very disappointed, however, not to have been present for your visit."

Doctor Hall, Acting Chief of the Division of Health Facilities, replied ominously on October 22:⁵⁶ "After thoroughly reviewing our notes and our survey forms, we find there are a few more items which we

would like to review in order to complete our licensure inspection report and recommendations." These included recorded minutes of all quarterly staff meetings and monthly clinical groups; reports indicating review and evaluation of the nursing care provided to patients; recorded minutes of monthly meetings of the graduate nursing staff; duplicate copies of radiological, laboratory, and tissue examination reports which are kept separate from patients' records; records of pharmacy transactions; and files of completed patients' records.

On December 13 James T. Killilea, Chief of the Fire Prevention Bureau of the City of Providence, reported to Doctor Hall concerning a recent inspection made by members of his department.⁵⁷ He noted that there were no sprinklers above the cellar, no emergency lighting, no electric exit signs, and only one means of egress from the children's convalescent room in the basement.

On December 20 Doctor Hall wrote to Doctor Golini⁵⁸ apprising her of failure of McAlpine Memorial Hospital to comply with the current applicable hospital licensing law in 27 respects. These had to do with insufficient floor space in patients' rooms, inadequate door size, sub-standard corridor dimensions, lack of emergency power, high cross-infection risks, unacceptable infection risks in the operating and delivery rooms, excessive exposure hazards in the x-ray department, inadequate medical staff bylaws and regulations, failure of the physical plant to comply with fire and safety laws, absence of an elevator, blocking of corridors and exit-ways, explosion hazards in the operating and delivery rooms, and many others. Doctor Golini was given notice that she would have the opportunity to appear at a hearing to determine whether a hospital license should be granted. The hearing was set for

January 24, 1966. After some delay Doctor Hall wrote to William J. McGair, Attorney for the hospital, that the Department would agree to postpone the hearing to March 7.⁵⁹ "It is imperative," he continued, "that this matter be heard on the said March date due to commitments made with witnesses, stenographers, other Department matters, etc... Your failure to appear at the said hearing will be taken to mean you do not wish to afford yourself of the opportunity to be heard and a decision will be rendered to that effect."

Present at the meeting, which was held as scheduled on March 7, were attorneys for the hospital and the Department of Health, members of the Advisory Licensure Council, a representative of the Department of Health, a Public Health Specialist in Hospital Administration, and Doctor Hall, currently Acting Director of Public Health, presiding. Doctor Hall requested that Everett C. Sammartino, attorney for the Department of Health, conduct the hearing. Doctor Golini was also present.⁶⁰

Attorney McGair recalled that the McAlpine Memorial Hospital had been licensed since 1949, rendering surgical, obstetrical, and medical care. "Historically," he stated, "it grew as places of that type will over a period of years, and perhaps at this time it has more or less outgrown itself...this hospital served a very important function in the community." He spoke eloquently of Doctor Golini's heavy heart. Yet, he said, she was proud that she had alone and through her own effort created and developed the hospital. He emphasized that, no matter how the case is decided, Doctor Golini and her family would suffer serious economic loss. He requested leave to operate during the balance of the year to provide sufficient time either to dispose of the real estate and

equipment or to determine whether it would be feasible to erect a new building. Doctor Golini, he continued, was now a "person of advanced years, to wit, eighty-three years." She would voluntarily offer a proposal "as a culmination or an ending of her career of almost fifty years in medicine."

Correction of the deficiencies would involve extensive renovation or the building of a completely new structure. Cases already scheduled obligated the hospital to maintain its surgical and obstetrical units in operation until July 1, 1966. Doctor Golini's investment represented a value of some \$200,000. It would require approximately one year to:

- (1) dispose of/or sell the equipment;
- (2) discontinue the surgical, obstetrical, and medical services;
- (3) make the necessary architectural and building arrangements to renovate or remodel the present building; or
- (4) acquire a new parcel of land and commence building a new modern hospital which would comply with current requirements.

A motion was entered which provided that the corporation would:

- (1) be permitted to operate a general hospital at its present location for one year;
- (2) discontinue and terminate surgical and obstetrical services as of July 1, 1966; and
- (3) cease all care, including medical care, as of December 31, 1966, unless the hospital had undertaken substantial measures to comply with the requirements.

In the stipulation agreed to at the hearing by Doctor Golini and the Health Department, the hospital would be permitted to operate to December 31, 1966, with the provision that all surgical and obstetrical services would be discontinued on July 1, 1966. This would not preclude the hospital from applying for a license if it could demonstrate that it

had complied with the standards set forth in the regulations.

Doctor Golini and Mrs. Famiglietti used the respite to explore viable alternatives to liquidation. Architect Oresto DiSaia was engaged to determine the feasibility of rebuilding on the same site. In a communication of May 23⁶¹ he recommended the acquisition of adjoining properties, which would result in a plat of 23,500 square feet. Assuming that zoning, construction, and licensing requirements could be met, a 20-bed hospital with partial two- and one-level treatment and fireproof construction would be practicable. The plat plan showed a cruciate building with parking space for 22 cars and provision for nursing units and surgical and obstetrical facilities. On July 1⁶² he reported a cost projection of \$909,000 for demolition and construction, exclusive of the cost of land acquisition.

On May 2 the Health Department informed the press⁶³ that McAlpine would not apply for certification for the federal Medicare program "because they're going to discontinue operations in the very near future." Mrs. Famiglietti, however, cautioned that the reason given by the Department "may not turn out to be so." "We're trying," she said, "to find ways of complying with the new regulations...we've been in a reconverted dwelling house for more than 20 years. It would take a lot of money to move or to build a new building. We want to comply if we can..."

On June 14 Mrs. Famiglietti⁶⁴ requested leave to present to the Advisory Licensure Council on June 23 plans for a new hospital. At the same time she wished to draw attention "to the equipment and supplies in our operating room which stands comparison with any other operating room regardless of the size of the hospital." She mentioned the monitor

scope, heart pacer, defibrillator, and Bennett positive pressure respirator. A contemporary who recalls Doctor Golini's efforts to provide modern operating room equipment asserts that her hospital was, in fact, the first in the state to have a cardiac monitor available for all operating room procedures.

"It seems unrealistic," Mrs. Famiglietti continued, "for you to expect us to survive this interim (after July 1) with medical patients alone. We are prepared to drop obstetrics permanently, but surgery is vital to our existence as a business...(and to) making a smooth transition to the new facility." She concluded with this plea: "On the personal side, there is the fact that without any warning after almost twenty-five years at the head of this institution (and forty-eight years of private practice as a licensed physician), a quite remarkable woman is deprived of the business she has come to regard as a family enterprise, one that could continue well beyond her lifetime...We hope you will look with favor upon a more lenient solution to the problems we face during construction."

On June 27 Doctor Hall wrote in reply:⁶⁵ "The Council recommended unanimously that there be no change in the agreement of March 7, 1966." The July 1 deadline for termination of all surgical and obstetrical services was at hand.

Doctor Cannon reported to the press on September 15⁶⁶ that McAlpine had discontinued surgical and obstetrical services and had been given to December 31 to phase out all other activities. "As far as the state Health Department is concerned, they will be out of business by the end of the year." He explained that the hospital had only a 16-bed capacity under federal space requirements and that none of them conformed to

standards set by the United States Public Health Service. This adverse publicity prompted Mrs. Famiglietti to write a long letter to the Providence Journal:⁶⁷ "Since the affairs of the McAlpine Memorial Hospital seem to be of much greater public concern than one would have supposed, we feel obliged to make some clarifications in at least this corner of your publications." After giving the historical background of the hospital, she continued: "That it has been the only proprietary hospital in our state is an accident, resulting from one woman's foresight and drive." She complained that "what was considered adequate last year may be a violation this year."

"Her later years," she continued, "could be spent more peacefully than in initiating a new enterprise. Nevertheless, the acute need for hospital beds, the urge to vindicate the McAlpine in the public mind makes it imperative to find a way to comply with the regulations. To this end, the administration is working closely with the Rhode Island Department of Health, so that if certain proposals win the board's approval, more positive announcements will appear on these pages."

It appears that the conversion into a hospital of the Pawtuxet Village Nursing Home, then under construction on Post Road in the Pawtuxet section of Warwick, was also under consideration by McAlpine. The facility was inspected on October 27 by an architect for the Region I Office of the Public Health Service of the Department of Health, Education, and Welfare. On October 31 the architect reported to Doctor Cannon^{68, 69} that "our immediate observation is that this facility would not qualify as a general hospital under PHS standards." Consequently, on November 4 the Health Department informed McGair, attorney for Doctor Golini,⁷⁰ that "we believe that the building should be used for

the purpose for which it was intended (as a nursing home), rather than to encourage a potential buyer...to...attempt to convert it into a general hospital."

On November 26 Doctor Golini wrote as follows to Doctor Cannon:⁷¹

"Since our appearance before the Council last March, all efforts have been directed toward compliance...Four separate projects have been studied and then discarded. At present, we are working on two others, the property in Warwick...and...a completely new facility on the site of the present hospital. Since we are nearing a deadline, more time is essential." She requested a meeting with the Advisory Group. Doctor Golini, now in her 85th year, signed the letter in a firm hand. Doctor Cannon replied on November 30⁷² that the Advisory Hospital Licensure Council would consider her request at a meeting set for December 31.

Attorney McGair on December 21 in a letter to Doctor Cannon⁷³ noted that the hospital had "expended a considerable sum of money on plans, specifications, etc., attempting to procure facilities in order to ultimately comply with the standards set off in state and federal regulations governing hospitals. The said hospital contemplates conducting a general hospital having adequate construction and equipment facilities to care for up to one hundred patients." The hospital, he continued, had spent a considerable amount of time in procuring a qualified medical staff. An architectural report was enclosed outlining alternative sites which the hospital contemplated acquiring and the approximate minimum costs of such acquisitions. "In view of the fact that the hospital has, in good faith, expended considerable sums of money and will make every effort to procure facilities which will meet the standards..., it is requested that permission to continue the

operation of the present facility without obstetrics at 371 Broadway... for a certain time be granted." This would allow time to acquire an adequate site, prepare architectural plans, procure equipment, arrange financing, and train and indoctrinate (sic) a proper medical staff. "If the said hospital," he concluded, "is not permitted to operate until it has time to arrange for the above, it will suffer irreparable damage to its good will, and risk...losing valuable medical, nursing, and administrative personnel."

On December 27 Doctor Cannon wrote to McGair:⁷⁴ "You are hereby informed that the Rhode Island Department of Health, after consultation with the Hospital Advisory Council, has considered your request to continue operation of the McAlpine Memorial Hospital...beyond December 31, 1966...it is the opinion of the Department after consultation with the... Council that permission...should not be granted. You are therefore hereby informed that as of January 1, 1967,⁷⁵ no patients are to be admitted... and that operation...is to cease upon the discharge of patients confined therein on December 31, 1966...A reasonable time will be afforded to treat and discharge or transfer patients...but such disposition of all patients must be made not later than January 31, 1967." This was taken note of in the press on January 4, 1967, along with the observation that this was the only privately owned hospital in the state. In the ensuing months advertisements appeared in the newspapers offering the real estate for sale and the furnishings and equipment at auction.⁷⁶

Thus ended the saga of McAlpine Memorial Hospital. Doctor Golini outlived her hospital by seven years. She died on March 15, 1973, in her ninetieth year, survived by her five daughters, eleven grandchildren, and one great grandchild. The obituary⁷⁷ reviewed not only her medical

career and connection with the hospital, but also the fact that she was the sister of the noted Italian composer, the late Maestro Commendatore Giuseppe Manente and had been very active in sponsoring music and the arts in Rhode Island.

SANITARIA AND CONVALESCENT HOMES

While these facilities were more akin to modern nursing homes than to hospitals, a few are interesting enough to include in this story.

The Hopeworth Sanitarium on Sanitarium Avenue in Bristol, established in 1883, had a capacity of 30 beds. In 1904 it was operated by Doctors H. and W. C. Canfield. In 1909 the operator was Doctor Alfred M. Merriman.

In 1892 Doctors Charles E. Schuyler and Thomas E. Allen⁷⁸ conducted the Bay View Home, "A Health and Summer Resort for Ladies and Gentlemen", situated at the head of Narragansett Bay (town not mentioned) providing salt water bathing, electrical treatments, and medicated baths. Application could be made at 262 Westminster Street in Providence. In 1895⁷⁹ it was called the Bay View Remedial Institute and Health Resort and was housed in four cottages for the better treatment of chronic diseases and blood, skin, and nervous disorders. Interested parties were urged to consult Doctors Thomas E. and Asa A. Allen at their offices before submitting to painful and dangerous operations. Their offices at that time were at 822 Westminster Street in Providence.

Doctor Bates' Electropathic Sanitarium, established in 1893, was located at 141 Benefit Street in Providence. It was operated by Doctor W. Lincoln Bates and had a capacity of 13 beds. A branch of the sanitarium with a capacity of some 70 beds was opened in Jamestown in 1908.

In 1910 the proprietors were Doctors W. Lincoln and Martha B. Bates. In the 1936-1938 period⁸⁰ the Jamestown establishment, now known as both Dr. Bates Sanitarium and Maplewood, was operated by Doctor Martha B. Bates as president, treasurer, and medical superintendent, and William P. Bates as managing director. It was located on Conanicus Avenue north of Ferry Landing. An advertisement in the local directory described its attractions in this way: "A few days or weeks rest here will restore Energy, Buoyancy, and New Interest...Located in the garden spot of New England." Ambulance service was available. Doctor Bates' Sanitarium was listed in directories at 41 East Shore Road in Jamestown as late as 1944.

In 1904 Dr. A. Solomon's Sanitarium of Pawtucket was listed as operated by Doctor Augusta Solomon. In the same year a Doctor R. M. Sterrett operated Dr. Sterrett's Sanitarium in Providence. One Morgan E. Pease was proprietor of a private sanitarium on Jackson Avenue in Riverside in 1917. During 1917 and 1918 Adams' Sanitarium was located at 999 Smith Street in Providence. Edward P. Adams was "general superintendent."

The Forest Farm Sanitarium began operations in 1917 in a rambling Victorian house on Forest Avenue in Middletown. About 1923 it became the Forest Farm Nursing Home. It still exists, now a modern nursing home in a contemporary structure. The old building still survives, but is unused at the present time.

An early brochure in the possession of the present administrator (undated) indicates that it accepted "chronic" and "convalescent", but not "mental cases." It is his information, however, that the facility was established primarily as a retreat for the treatment of alcoholics. It was under the supervision of two registered nurses, a male and a

female. "Special nurses or attendants (were) supplied at regular rates."

Elizabeth A. Heath (Mrs. William H.) in 1919 established the Heath Sanatorium at 438 Hope Street in Providence. It had a capacity of 18 beds for chronic, convalescent, and rest cases. Mrs. Heath was superintendent and owner. Business must have been good, as she found it advantageous in 1922 to open a Heath Sanatorium Annex of 16 beds at 150 Prospect Street in Providence. In later listings the capacities varied from 15 to 20 and 14 to 17 beds respectively. Perhaps these fluctuations reflected ups and downs in the census of private room patients. American Medical Directories indicated that the facility was an "institution giving limited type of service." These facilities appear to have ceased operations about 1942. The building at 438 Hope Street is the same as Mrs. Marie C. Hall had sought to have licensed as a maternity hospital in 1944 as previously described,

The Cedars, also known as the Home for Convalescents, was located at 170 Princeton Avenue in Providence from 1924 to 1926

EPILOGUE

With the closing of the last "private" proprietary hospital in 1967, an era lasting more than three quarters of a century came to an end. Although there are many successful proprietary hospitals elsewhere in the country, it is unlikely that there will be sufficient incentive to attract capital for this type of enterprise in Rhode Island in the foreseeable future. An important reason among others is a sufficiency of general acute hospital beds in the area. If venture capital were forthcoming for that purpose, and modern hospital construction is very costly, it is unlikely that the health planning authorities would approve construction. Without this sanction, operation would be impractical, as third party reimbursement, whether federal, state, or private, would not be available, a fatal circumstance in modern hospital economics.

The demise of the old-fashioned sanatoria and convalescent homes and their replacement by modern nursing homes is also a pervasive phenomenon of the current scene. Proprietary institutions have been able to survive successfully in this milieu, but they, like the hospitals, derive much of their income from federal and state sources. Their generally attractive ambience is quite directly a result of strict federal and state regulation and surveillance.

While government and third-party funding and intervention have had different effects upon these two classes of institutions, the results have been equally salutary to the great benefit of the public.

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49. R. I. Medical Journal, Editorial, 15:571, November 1962
50. The Evening Bulletin (Providence, R. I.), December 13, 1962, p. 1.
51. Letter: Jean M. Maynard, M.D., M.P.H., Chief, Division of Health Facilities, Rhode Island State Department of Health, to Carlotta Golini, M.D., November 13, 1963. (RIDH:RIHS)
52. Draft copy titled "Deficiencies Noted on Licensure Visits to Hospitals During the Months of November and December, 1963: McAlpine Memorial Hospital." (RIDH:RIHS)
53. File copy of 19-page Licensure Survey of McAlpine Memorial Hospital, Inc., dated December 30, 1963. (RIDH:RIHS)
54. Letter: Jean M. Maynard, M.D., M.P.H., to Carlotta Golini, M.D., April 5, 1965. (RIDH:RIHS)
55. Letter: Maria G. Famiglietti to E. Franklin Hall, M.D., October 16, 1965. (RIDH:RIHS)
56. Letter: E. Franklin Hall, M.D., M.P.H., to Mrs. Maria Famiglietti, October 22, 1965. (RIDH:RIHS)
57. Letter: James T. Killilea to E. Franklin Hall, M.D., M.P.H., December 13, 1965. (RIDH:RIHS)

58. Letter: E. Franklin Hall, M.D., M.P.H., to Carlotta Golini, M.D., December 20, 1965. (RIDH:RIHS)
59. Letter: E. Franklin Hall, M.D., M.P.H., to William J. McGair, Esq., February 25, 1966. (RIDH:RIHS)
60. Transcript of "Hearing Pursuant to Provisions of Chapter 23-16 of General Laws as Amended in re McAlpine Memorial Hospital, 317 Broadway, Providence, Rhode Island," March 7, 1966, before E. Franklin Hall, M.D., Acting Director of Public Health, Presiding. (RIDH:RIHS)
61. Letter: Oresto DiSaia to Carlotta N. Golini, M.D., May 23, 1966. (RIDH:RIHS)
62. Letter: Oresto DiSaia to Carlotta N. Golini, M.D., June 1, 1966. (RIDH:RIHS)
63. The Evening Bulletin (Providence, R. I.), May 2, 1966, p. 1.
64. Letter: Maria G. Famiglietti to E. Franklin Hall, M.D., M.P.H., Acting Director, Rhode Island Department of Health, June 14, 1966. (RIDH:RIHS)
65. Letter: E. Franklin Hall, M.D., M.P.H., to Maria G. Famiglietti, June 27, 1966. (RIDH:RIHS)
66. The Evening Bulletin (Providence, R. I.), September 15, 1966, p. 25.
67. The Evening Bulletin (Providence, R. I.), September 29, 1966, p. 36, Letter to the Editor, "To clarify the public record," signed by Maria Famiglietti.
68. Letter: William G. Matjan, architect for the Region I Office of the Public Health Service of the Dept. HEW at Boston, to Joseph E. Cannon, M.D., M.P.H., Director of the Rhode Island Department of Health, October 31, 1966. (RIDH:RIHS)
69. Blueprints for a 68-bed nursing home prepared for Pawtuxet Valley Company, Inc. This facility later became the Pawtuxet Village Nursing Home at 270 Post Road, Warwick, R. I.
70. Letter: Robert G. Curran, M.D., Chief, Division of Health Facilities, Rhode Island Department of Health, to Judge William J. McGair, November 4, 1966. (RIDH:RIHS)
71. Letter: Carlotta N. Golini, M.D., to Joseph E. Cannon, M.D., M.P.H., Director of the Rhode Island Department of Health, November 26, 1966. (RIDH:RIHS)
72. Letter: Joseph E. Cannon, M.D., M.P.H., to Carlotta Golini, M.D., November 30, 1966. (RIDH:RIHS)

73. Letter: McAlpine Memorial Hospital, Carlotta Golini, M.D., Director, by its Attorney, William J. McGair, to Joseph E. Cannon, M.D., M.P.H., Director, Rhode Island Department of Health, December 21, 1966. (RIDH:RIHS)
74. Letter: Joseph E. Cannon, M.D., M.P.H., to William J. McGair, December 27, 1966. (RIDH:RIHS)
75. The Evening Bulletin (Providence, R. I.), January 4, 1967, p. 24.
76. Two newspaper clippings, undated, probably from the Providence Journal or The Evening Bulletin (Providence, R. I.). The auction was set for June 28, 1967. Internal evidence indicates that the real estate advertisement appeared prior to June 7, 1967. (RIDH:RIHS)
77. Providence Journal, March 3, 1973, p. 30.
78. Providence City Directory, Rhode Island Business Directory section, 1892, Advertisement.
79. Same, 1895, Advertisement, p. 1417.
80. Jamestown, R. I. Directory, 1936-7. (RIHS)



The Homeopathic Hospital of Rhode Island, located at 62 Jackson Street, Providence, Rhode Island (see pages 5-6 in text). Homeopathic Hospital operated in this building from 1904 to 1925, and then moved to 825 Chalkstone Avenue, Providence (the present site of Roger Williams General Hospital). Earlier, from about 1895 to 1903, this structure housed the Whitmarsh General Hospital. Photograph from Providence Magazine, Vol. 28, No. 2, 1916.



Parade Street Hospital, on Parade Street, opposite Dexter Training Ground, Providence, Rhode Island (see pages 8-9). Photograph from Providence Magazine, Vol. 28, No. 2, 1916. This hospital opened, at a different location, in 1898 or 1899; moved to Parade Street in 1903; and closed about 1919. This same structure also housed The Miriam Hospital from 1925 to 1952. Today it is occupied by Park View Nursing Home.



This structure, at 34 Benefit Street in Providence, Rhode Island, was used by the East Side Hospital (page 11 in text), starting in 1902; and subsequently, for several years starting in 1913, by the Hope Hospital. R. I. Department of Health photograph, 1979.



Jane L. Brown Hospital, 30 Benefit Street, Providence, Rhode Island (see page 15 in text). This hospital opened in 1907 and closed about 1913. There is no connection between this facility and the Jane Frances Brown Pavilion at Rhode Island Hospital. R. I. Department of Health photograph, 1979.



Dr. W. Lincoln Bates' Electropathic Sanitarium, also known as "Maplewood", in Jamestown, Rhode Island (see pages 55-56 in text). Photograph from Providence Magazine, Vol. 28, No. 2, 1916. This facility opened in 1908 and apparently closed in the mid-1940's.



Blackstone Hospital, Broad & Miller Sts, Pawtucket, R. I.

Blackstone Hospital of Pawtucket, Broad and Miller Streets, Pawtucket, Rhode Island (see pages 20-21 in text). Opened in 1912 or 1913, the hospital continued at this address until about 1919. The building later became the Hotel Georgian, Hotel Slater and Hotel Arnold, before its demolition in the mid-1960's. From a post card, courtesy of Tom Connell, circa 1916.



John W. Keefe Surgery, located at 262 Blackstone Boulevard, Providence, Rhode Island (see pages 21-25 in text). Photograph from Providence Magazine, Vol. 28, No. 2, 1916. This hospital was in operation from 1915 until 1935, when Dr. Keefe died.



Rhode Hospital, 1 Young Orchard Road, Providence, Rhode Island (see pages 11-12 in text). Photograph from Providence Magazine, Vol. 28, No. 2, 1916. The hospital remained in operation at this address from 1916 to about 1935. This structure is now owned by Brown University.



The Corvese Hospital, 485 Broadway, Providence, Rhode Island (see pages 27-28 in text). Corvese Hospital operated at this address from 1926 to 1930, when it was renamed Broadway Hospital. It continued under that name until 1935. R. I. Department of Health photograph, 1979.



McAlpine Memorial Hospital, 371 Broadway, Providence, Rhode Island (see pages 38-55). Opened in 1942, this hospital remained in operation until 1967, the last of the state's private hospitals to close. Photograph from hospital brochure published about 1944.

